

No. W 7236	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CHARLOTTE FLATT 10415 EXCALIBUR BOISE, ID 83704												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CAMELOTS CASTLE CHILD CARE LLC. CHARLOTTE FLATT 10415 EXCALIBUR BOISE, ID 83704		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">owner/director</td> <td style="vertical-align: top;">Charlotte Flatt</td> <td style="vertical-align: top;">10415 Excalibur</td> <td style="vertical-align: top;">Boise</td> <td style="vertical-align: top;">Id.</td> <td style="vertical-align: top;">83704</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner/director	Charlotte Flatt	10415 Excalibur	Boise	Id.	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner/director	Charlotte Flatt	10415 Excalibur	Boise	Id.	83704										
5. Organized Under the Laws of: IDAHO W 7236		6. Signature <u>Charlotte Flatt</u> Date <u>9/8/05</u> Name (Typed or Printed) <u>Charlotte Flatt</u> Title <u>Owner</u>													

Issued 08/01/2005

Do Not Tape or Staple

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